Consent for Botox and Dysport Injections

Patient Name Date of birth

Legal guardian name (if applicable)

Washington State law guarantees that you have both the right and the obligation to make decisions regarding your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision making process. This form will acknowledge your consent to treatment recommended by your physician.

1. I hereby give my consent for Dr. Teresa Girolami to perform Botox/Dysport injections upon me. I understand that the procedure is to be performed at Bel-Red Internal Medicine, PLLC. This has been recommended to me by my physician in order to improve my facial expression lines with Botox/Dysport injections.

I understand that the procedure can be described as follows:

Botulinum toxin is injected with a small needle into 12-21 sites of the facial muscles. This toxin temporarily weakens the facial muscles to give the skin a smoother and more rested appearance. Benefits from the procedure develop within 5-7 days. Maximum benefits should be attained in about 2 weeks and last about 6 weeks to 6 months.

1. I understand that Botox and Dysport are the trademarks for botulinum toxin. These injections have been used for more than a decade in children and adults to improve muscle spasms of the facial muscles. The toxin has also been useful to correct double vision due to muscle imbalance. Injections of minute amounts weaken the muscles that cause frown lines, crow’s feet, and lines across the forehead. Although results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning expected results in my case.
2. I understand that there are potential risks, complications, and side effects associated with any medical procedure. Although it is impossible to list every potential risk, complication, and side effect, I have been informed that some of the possible risks, complications, and side effects of this procedure. These could include, but may not be limited to the following:

Blepharoptosis (Drooping of the upper eyelid), nausea, localized pain, infection, inflammation, tenderness, swelling, erythema (redness of the skin), and/or bleeding and bruising may be associated with the injection.

The most serious adverse events reported after treatment with botulinum toxin include rare spontaneous reports of death, sometimes associated with anaphylaxis, dysphagia (difficulty swallowing), pneumonia, and/or other significant debility. There have also been rare reports of adverse events involving the cardiovascular system including arrhythmia (irregular heart beat) and myocardial infarction (heart attack), some with fatal outcomes. New onset or recurrent seizures have also been reported. In general, adverse events occur within the first week following injection and are generally transient. However, they may have a duration of several months or longer.

The following other adverse reaction have been identified: abdominal pain, blurred vision, brachial plexopathy (decreased movement or sensation in the arm and shoulder), decreased hearing, diarrhea, ear noise, erythema multiforme (allergic reaction in the form of a rash), fever, focal facial paralysis, glaucoma, localized numbness, loss of appetite, malaise (a feeling of general discomfort), myalgia (muscle pain), myasthenia gravis (weakness of voluntary muscles), pruritus (itchiness), psoriasis, retinal vein occlusion, sweating, syncope, vertigo, vomiting, headache, flu symptoms, upper respiratory infections, pain, weakness of adjacent muscles, and problems with breathing, swallowing, or speaking. Transient Ptosis (drooping of the eyelid), the most frequently reported complication has been reported in the literature in approximately 5% of patients.

Patients with neuromuscular disorders such as ALS, myasthenia gravis, or Lambert-Eaton syndrome may be at increased risk of serious adverse events.

This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may make an educated decision. Some of these risks, complications, and side effects are not serious or do not happen frequently. Although these risks, complications, and side effects may occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the physician performing the procedure. Although most procedures have good results, I understand that no guarantee has been made to me about the results of this procedure or the occurrence of any risks, complications, or side effects.

I recognize that during the course of treatment, unforeseeable conditions may require additional or different treatment or procedures than those listed above or discussed with me. I request and authorize my physician and other qualified medical personnel to perform such other treatment or procedures as are, in their judgment, necessary and appropriate.

1. I understand that several sessions may be needed to complete the injection series and that multiple sessions are needed to maintain the results over time.
2. I understand that if I do not keep my follow-up appointment in two weeks, the office will assume my results are satisfactory and any injections after that time will be at full cost.
3. I have been advised of the post-treatment instructions and understand these should be followed to minimize risk of complications. These include instructions to avoid lying down for approximately four hours, to avoid rubbing the injection sites, and to periodically contract the muscles involved, which enhances uptake of the solution at the muscle sites.
4. I agree to have both pre and post treatment photos taken for documentation and education purposes. My

name will not be used.

1. I certify that I have read or had read to me the contents of this form.

I have read or had read to me and will follow any patient instructions related to this procedure.

I understand the potential risks, complications, and side effects involved with the injection of Botox/Dysport and have decided to proceed after considering the possibility of both known and unknown risks, complications, and side effects of Botox/Dysport.

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I consent to the above procedures as deemed necessary or appropriate by my physician.

Patient signature Date Time

\*Patient is unable to consent because . I therefore consent for the patient.

Authorized consenter’s signature Date Time

Printed name Relationship to patient

Witness Date Time

By my signature below I attest to the fact that I explained the procedure to the patient.

Printed name

Signature Date Time